UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.usplo.gov

NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

12/13/2006

John F. Klos Fulbright & Jaworski LLP 80 South 8th Street Suite 2100 Minneapolis, MN 55402 EXAMINER

MITCHELL, TEENA KAY

ART UNIT

PAPER NUMBER

3771

DATE MAILED: 12/13/2006

APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/465,054	12/16/1999	DAVID BURTON	990326.ORI	8408

TITLE OF INVENTION: BIO-MASK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	. 03/13/2007

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATIC 09/465,054 12/16/1999 DAVID BURTON 990326.ORI 8408 TITLE OF INVENTION: BIO-MASK APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE D nonprovisional YES. \$700 \$0 \$0 \$700 03/13/2 EXAMINER ART UNIT CLASS-SUBCLASS MITCHELL, TEENA KAY 3771 128-204210 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Use of a Customer Number is required. or more recently attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Ge 4a. The following fee(s) are submitted: Same Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the payment Number) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the payment Number (enclose an e	drawing, must
John F. Klos Fulbright & Jaworski LLP 80 South 8th Street Suite 2100 Minneapolis, MN 55402 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATIC 09/465,054 12/16/1999 DAVID BURTON 990326.ORI 8408 TITLE OF INVENTION: BIO-MASK APPLN-TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE D nonprovisional YES \$700 \$0 \$0 \$0 \$700 03/13/2 EXAMINER ART UNIT CLASS-SUBCLASS MITCHELT, TEENA KAY 3771 128-204210 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). — "Pee Address" indication of "Fee Address" Indication form PTO/SB/47; Rev 0.3-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If no name is 1 2 registered patent attorneys or 2 agents, and 1 1 on name is 1 2 registered patent attorneys or 2 agents, and 1 on name will be printed. (A) NAME OF ASSIGNEE Will Develop the propriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Greek Check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Greek Check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Greek Check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Greek Check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Greek Check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Greek Check the appropriate assignce category or categories (will not be pr	in an envelope being facsimile below.
Fulbright & Jaworski LLP 80 South 8th Street Suite 2100 Minneapolis, MN 55402 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATIC 09/465,054 12/16/1999 DAVID BURTON 990326.ORI 8408 TITLE OF INVENTION: BIO-MASK APPLICATION BIO-MASK APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATIC 09/465,054 12/16/1999 DAVID BURTON 990326.ORI 8408 TITLE OF INVENTION: BIO-MASK APPLIN TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE D nonprovisional YES \$700 \$0 \$0 \$0 \$0. \$700 03/13/2 EXAMINER ART UNIT CLASS-SUBCLASS MITCHELL, TEENA KAY 3771 128-204210 1. Change of correspondence address or indication of "Fee Address" (37) CFR 1.563). CR 1.563) CR 1.563) CR 1.563 Hange of correspondence address of Change of Correspondence Address for PIO/SB/17/2, Rev 0.3-02 or more recent) attached. Use of a Customer Number is required. The Address' indication (or "Fee Address" indication form PIO/SB/17/2, Rev 0.3-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignce is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignce is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignce is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignce is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignce is identified below, the	in an envelope being facsimile below.
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATIC 09/465,054 12/16/1999 DAVID BURTON 990326.ORI 8408 TITLE OF INVENTION: BIO-MASK APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(s) DUE DATE D nonprovisional YES \$700 \$0 \$0 \$0. \$700 03/13/2 EXAMINER ART UNIT CLASS-SUBCLASS MITCHELL, TEENA KAY 3771 128-204210 1. Change of correspondence address or indication of "Fee Address" (37) CR R. 1.56.) CR R. 1.56.) Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/22) attached. "Tee Address from PTO/SB/122) attached. "Tee Address from PTO/SB/122 attached. Use of a Customer Number is required. "ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Get Country (cited is an extra copy of the patent): Individual Corporation or other private group entity Get Country (cited is enclosed. "Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) Organies in charge the required fee(s), any deficiency, or credit organies, in the country of the payment, to Pepsish Account Number (cited to charge the required fee(s), any deficiency, or credit organies, in the country of the payment, to Pepsish Account Number (cited to charge the required fee(s), any deficiency, or credit organies. In this payment, to Pepsish Account Number (cited to charge the required fee(s), any deficiency, or credit organies. The payment of the passing country of the payment of the passing country or credit card. From PTO-20	
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATIC 09/465,054 12/16/1999 DAVID BURTON 990326.ORI 8408 TITLE OF INVENTION: BIO-MASK APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(s) DUE DATE D nonprovisional YES \$700 \$0 \$0 \$0. \$700 03/13/2 EXAMINER ART UNIT CLASS-SUBCLASS MITCHELL, TEENA KAY 3771 128-204210 1. Change of correspondence address or indication of "Fee Address" (37) CR R. 1.56.) CR R. 1.56.) Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/22) attached. "Tee Address from PTO/SB/122) attached. "Tee Address from PTO/SB/122 attached. Use of a Customer Number is required. "ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Get Country (cited is an extra copy of the patent): Individual Corporation or other private group entity Get Country (cited is enclosed. "Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) Organies in charge the required fee(s), any deficiency, or credit organies, in the country of the payment, to Pepsish Account Number (cited to charge the required fee(s), any deficiency, or credit organies, in the country of the payment, to Pepsish Account Number (cited to charge the required fee(s), any deficiency, or credit organies. In this payment, to Pepsish Account Number (cited to charge the required fee(s), any deficiency, or credit organies. The payment of the passing country of the payment of the passing country or credit card. From PTO-20	
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATIC 09/465,054	
O9/465,054 12/16/1999 DAVID BURTON 990326.ORI 8408 TITLE OF INVENTION: BIO-MASK APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE D nonprovisional YES. \$700 \$0 \$0 \$0 \$700 03/13/2 EXAMINER ART UNIT CLASS-SUBCLASS MITCHELL, TEENA KAY 3771 128-204210 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CHAnge of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Advance Order - # of Copies Publication Fee (No small entity discount permitted) Payment of Deposit Account Number (enclosed an extra copy of the correspondence of the popular of the patent) is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclosed an extra copy of the patent) is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possibl	(Signature)
O9/465,054 12/16/1999 DAVID BURTON 990326.ORI 8408 TITLE OF INVENTION: BIO-MASK APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE D nonprovisional YES. \$700 \$0 \$0 \$0 \$700 03/13/2 EXAMINER ART UNIT CLASS-SUBCLASS MITCHELL, TEENA KAY 3771 128-204210 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CHAnge of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Advance Order - # of Copies Publication Fee (No small entity discount permitted) Payment of Deposit Account Number (enclosed an extra copy of the correspondence of the popular of the patent) is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclosed an extra copy of the patent) is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possible to Deposit Account Number (enclosed an extra copy of the patent) is possibl	(Date)
APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE D nonprovisional YES. \$700 \$0 \$0 \$0 \$700 03/13/2 EXAMINER ART UNIT CLASS-SUBCLASS MITCHELL, TEENA KAY 3771 128-204210 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.543). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Advance Order - # of Copies Advance Order - # of Copies (enclose an extra copy of the corporation of the conclose an extra copy of the corporation of the conclose an extra copy of the corporation of the conclose an extra copy of the corporation of the conclose an extra copy of the corporation of the conclose an extra copy of	ATION NO.
APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE D NOnprovisional YES. \$700 \$0 \$0 \$0 \$0 \$700 03/13/2 EXAMINER ART UNIT CLASS-SUBCLASS MITCHELL, TEENA KAY 3771 128-204210 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 single firm (having as a member a registered patent attorneys or agent). If no name is 3 single patent attorneys or agent is denoted patent attorneys or agent. If no name is 3 single patent attorneys or agent. If no name is 3 single patent attorneys or agent. If no name is 3 single patent attorneys or agent. If no name is 3 single patent attorneys or agent. If no name is 3 single patent attorneys or agent. If no name is 3 single patent attorneys or agent. If no name is 3 single patent patent patent patent patent patent. If no name is 3 single patent attorneys or agent. If no name is 3 single patent patent patent. If no name is 3 single patent patent patent patent. If no name is 3 single patent patent patent patent patent patent patent. If no name is 3 single patent pa	408
REXAMINER ART UNIT CLASS-SUBCLASS	
REXAMINER ART UNIT CLASS-SUBCLASS	
REXAMINER ART UNIT CLASS-SUBCLASS	
EXAMINER	TE DUE
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tee Address indication (or "Fee Address" Indication form PTO/SB/122) attached. Tee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Climate and the name of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to 3 registered attorneys or agents. If no name is listed, no name will be printed. Climate and the names of up to a gent and the names of up to agent and the names of up to agent and the names of up to a gent	13/2007
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The comparison of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The comparison of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The comparison of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The comparison of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The names of up to 3 registered patent attorneys or agents. Or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. The patent attorneys or agent attorneys or agents. If no name is listed, no name will be printed. The patent attorneys or agents or agents and the names of up to 2 registered patent attorneys or agents. If no name is 1 registered patent attorneys or agents	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122 attached. Correspondence Address form PTO/SB/122) attached. Correspondence Address form PTO/SB/122 attached. Correspondence Address form PTO/S	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): □ Individual □ Corporation or other private group entity □ Geta. The following fee(s) are submitted: □ A check is enclosed. □ Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ Issue Fee □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number □ (enclose an extra copy of the corporation or other private group of the corporation or other private group entity □ Geta. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number □ (enclose an extra copy of the corporation or other private group of the corporation or other private group entity □ Geta. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number □ (enclose an extra copy of the corporation or other private group entity □ Geta.	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity God. 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the complex	
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Geta. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the control of the patent) is required fee(s).	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go. 4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity 4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credioverpayment, to Deposit Account Number (enclose an extra copy of the content of the patent).	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go 4a. The following fec(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the	been filed for
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go 4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the	
4a. The following fec(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the content of	
4a. The following fec(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the content of	
☐ Issue Fee ☐ A check is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the	_
Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the	Government
Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number (enclose an extra copy of the	
overpayment, to Deposit Account Number (enclose an extra copy of the	
	e)
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	e)
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other	e) credit any of this form).
interest as shown by the records of the United States Patent and Trademark Office.	e) credit any of this form).
Authorized Signature Date	e) credit any of this form).
Typed or printed name Registration No	e) credit any of this form).
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO	eredit any of this form).
an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepauling the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to	credit any of this form). c). r other party in
this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Comm. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Alexandria, Virginia 22313-1450.	credit any of this form). To to process) preparing, and ire to complete

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/465,054 12/16/1999		DAVID BURTON	990326.ORI	8408	
759	0 12/13/2006		EXAMI	NER	
John F. Klos			MITCHELL, TEENA KAY		
Fulbright & Jaworski LLP			ART UNIT	PAPER NUMBER	
80 South 8th Street			3771		
Suite 2100			DATE MAILED: 12/13/2006		
	5402		3771 DATE MAILED: 12/13/2006	5	

Determination of Patent Term Extension under 35 U.S.C. 154 (b)

(application filed after June 7, 1995 but prior to May 29, 2000)

The Patent Term Extension is 0 day(s). Any patent to issue from the above-identified application will include an indication of the 0 day extension on the front page.

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Extension is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.